30-32 (1) FORM NUMBER

40 (518) SEQUENCE

33 (2) VERSION

GENERAL WELL-BEING

1. SHEP ID: (3) 22|23 - (4) 24|25|26|27 - (5) 28|29

2. Acrostic: (6) 41-46 | | | | | |

3. Date of Clinic Visit: (7) 36|37 Month, 38|39 Day, 34|35 Year

4. Sequence number: 47|48 (8)

Questions in this section are to be asked at every visit. Use phraseology that you are comfortable with.

5. Have you felt unwell in any way since your last clinic visit; has anything been bothering you? (Specify): _____ (9) 49 Yes ☐ 1 No ☐ 2 → Go to 7.

6. Are any of these problems different from the way things were at your last clinic visit? 50 (10) Yes ☐ 1 No ☐ 2

7. Since your last visit, have you seen a doctor for any reason? (Specify): _____ 51 (11) Yes ☐ 1 No ☐ 2

8. Since your last visit, have you been in the hospital for any reason? How many times? 53|54 (13) 52 (12) Yes ☐ 1 No ☐ 2 → Go to 9.

When? (Start with the first one after your last visit.)

	Hospitalization #1	Hospitalization #2	Hospitalization #3
Hospital name			
Date of admission (14)	57|58 Month, 59|60 Day, 55|56 Year	(16) 65|66 Month, 67|68 Day, 63|64 Year	(18) 73|74 Month, 75|76 Day, 71|72 Year
Number of days (15)	61|62	(17) 69|70	(19) 77|78
Reason			

9. a. Since your last SHEP visit, have you had any sudden feeling of numbness, tingling or loss of feeling in either arm, hand, leg, foot or face? (20) 79 Yes ☐ 1 No ☐ 2 → SKIP to 10.

b. How many attacks of such numbness or tingling have you had? (21) 80 One ☐ 1 More than one ☐ 2

c. How long did each of the attack(s) usually last? (22) 81 Less than 24 hours ☐ 1 More than 24 hours ☐ 2

10. a. Since your last SHEP visit, have you had any sudden attacks of paralysis or loss of use of either arm, hand, leg or foot? (23) 82 — Yes ☐ 1 No ☐ 2 ↓ SKIP to 11.

b. How many attacks of such paralysis have you had? (24) 83 — One ☐ 1 More than one ☐ 2

c. How long did the attack(s) usually last? (25) 84 — Less than 24 hours ☐ 1 More than 24 hours ☐ 2

11. a. Since your last SHEP visit, have you had any sudden loss of eyesight or blurring of vision for a short period of time? (26) 85 — Yes ☐ 1 No ☐ 2 ↓ SKIP to 12.

b. What part of your vision was affected? (27) 86 — Right eye only ☐ 1; Left eye only ☐ 2; Both eyes ☐ 3; Vision to the right side ☐ 4; Vision to the left side ☐ 5

c. How many attacks of loss of eyesight or blurring of vision have you had? (28) 87 — One ☐ 1 More than one ☐ 2

d. How long did the attack(s) usually last? (29) 88 — Less than 24 hours ☐ 1 More than 24 hours ☐ 2

12. a. Since your last SHEP visit, have you had any sudden attacks of changes in speech, loss of speech or inability to say words? (30) 89 — Yes ☐ 1 No ☐ 2 ↓ SKIP to 13.

b. How many attacks of loss of speech have you had? (31) 90 — One ☐ 1 More than one ☐ 2

c. How long did the attack(s) usually last? (32) 91 — Less than 24 hours ☐ 1 More than 24 hours ☐ 2

13. Since your last SHEP visit, have you had any of the following:

a. Dizziness (33) 92 — Yes ☐ 1 No ☐ 2
b. Spinning sensation (vertigo) (34) 93 — Yes ☐ 1 No ☐ 2
c. Loss of balance (35) 94 — Yes ☐ 1 No ☐ 2
d. Difficulty walking (36) 95 — Yes ☐ 1 No ☐ 2
e. Blackouts or fainting — Yes ☐ 1 No ☐ 2
f. Frequent falls (37) 96 (38) 97 — Yes ☐ 1 No ☐ 2

If none of 13a-f are answered "Yes," skip to 14.

g. About how many total attacks of all of these conditions do you think you ever had? (39) 98 — One ☐ 1 More than one ☐ 2

h. How long did the attack(s) usually last? (40) 99 — Less than 24 hours ☐ 1 More than 24 hours ☐ 2

14. Since your last SHEP visit, have you been told by a doctor or otherwise learned that you may have had a stroke? (41) 100 Yes ☐ 1 No ☐ 2

15. Thinking about the other medications that you might be taking now, or have taken since your last visit:

a. Have you stopped taking any medications? (42) 101 Yes ☐ 1 No ☐ 2
(Specify): _____

b. Have you increased or decreased any medications that you were taking? (43) 102 Yes ☐ 1 No ☐ 2
(Specify): _____

c. Have you started taking any new medications? (44) 103 Yes ☐ 1 No ☐ 2
(Specify): _____

16. Did the participant bring all non-SHEP medications to the clinic at this visit? (45) 104 Yes ☐ 1 No ☐ 2 Not on any non-SHEP medications ☐ 3

Specific queries (Side Effects Form, SH42): Required at the visit after starting or increasing the Step I or Step II medications, or if a positive response is given to any of Questions 5, 7, 8 or 9-14.

17. Is an SH42 required at this visit? (46) 105 Yes ☐ 1 No ☐ 2 → Skip to 18.

ADMINISTER SIDE EFFECTS FORM, SH42, IF REQUIRED, AND THEN RETURN TO THIS FORM.

Review

18. Are there any positive responses to Questions 5, 7, 8, 9-14, or on the Side Effects Form (SH42)? (47) 106 Yes ☐ 1 No ☐ 2 → Go to 23.

19. In the judgment of the SHEP clinician, are any of these positive or abnormal responses a result of:

			Yes	Possibly	No	
a.	Stroke (48) 107	108 (49)	☐ 1	☐ 2	☐ 3	Arrange for Neurologic Exam
b.	Acute myocardial infarction		☐ 1	☐ 2	☐ 3	for Stroke (SH27) as soon
c.	Left ventricular failure (50) 109		☐ 1	☐ 2	☐ 3	as possible.
d.	Transient ischemic attack		☐ 1	☐ 2	☐ 3	Arrange for Neurologic Exam
e.	Aortic dissection (52) 111	(51) 110	☐ 1	☐ 2	☐ 3	for TIA (SH28) as soon as possible.
f.	Coronary artery bypass surgery (53) 112		☐ 1	☐ 2	☐ 3	
g.	Aortic aneurysm (54) 113		☐ 1	☐ 2	☐ 3	
h.	Fracture (55) 114		☐ 1	☐ 2	☐ 3	
i.	Intermediate or skilled nursing home admission (56) 115		☐ 1	☐ 2	☐ 3	
j.	Hospitalization for reason other than above (57) 116		☐ 1	☐ 2	☐ 3	

20. Was the participant hospitalized or seen by a physician for any event in 19a-19j? (58)

117 Yes ☐ 1 → No ☐ 2 Not sure ☐ 3

For possible strokes, acute myocardial infarctions, left ventricular failures, and transient ischemic attacks, obtain complete hospital/ physician visit record. For other hospitalizations, obtain discharge summary only for participant's SHEP record. Have participant sign Consent to Obtain medical records.

For possible strokes, acute myocardial infarctions, left ventricular failures, and transient ischemic attacks, fill out Form SH20, Initial Report of Morbid Event.

21 Does the participant think that any of these conditions are due to the SHEP medications? 118 (59) Yes ☐ 1 No ☐ 2 DK ☐ 3

22. Comments (note pertinent history and physical exam findings and diagnostic impressions): _____

(60) 119 P 0/1

_____

_____

_____

23. Signature of person completing this form: _____ (61) 120-121 ☐☐ Code

RECORD TYPE (62) 122

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